pplication or Dock t Number (1)

PATENT APPLICATION FL. DETERMINATION RECORD
Effective December 29, 1999

Upplication or Dock t Numbers

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL E		OR	OTHER SMALL	
FOR			NUMBER FILED		NUMBER EXTRA		lr	RATE	FEE		RATE	FEĢ	
BASIC FEE				.						345.00	OR	840	690/00
TOTAL CLAIMS			G	minus 2	20=	•			X\$ 9=		OR	X\$18=	1
IND	EPENDENT CL	AIMS	2	minus	3 =	•		lt	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=	_	OR	+260=		
' If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	\$41)
CLAIMS AS AMENDED - PART II												OTHER	THAN
(Column 1) (Column 2) (Column 3)								_	SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAININ AFTER AMENDME			PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	<u>}</u>	Minus	٠.	20	=		X\$ 9=		OR	X\$18=	
	Independent	• (Minus	••	3	=		X39=		OR	X\$ 2=	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, [+130=		OR		l
									TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	25
		(Col	umn 1) _		((Column 2)	(Column 3)				•		
ENT B													
ENT B		CL REM	AIMS IAINING FTER NDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE
NDMENT B	Total	CL REM	AIMS IAINING FTER	Minus	P	HIGHEST NUMBER REVIOUSLY	PRESENT		RATE X\$ 9=	TIONAL	OR	X\$18=	TIONAL
AMENDMENT B	Independent	CI REN A AMEI	AIMS IAINING FTER NDMENT	Minus	••	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA			TIONAL	OR OR		TIONAL
AMENDMENT B		CI REN A AMEI	AIMS IAINING FTER NDMENT	Minus	••	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		X\$ 9=	TIONAL		X\$18=	TIONAL
AMENDMENT B	Independent	CI REN A AMEI	AIMS IAINING FTER NDMENT	Minus	••	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		X\$ 9= X39= +130=	TIONAL	OR	X\$18= XX\$18= XXX= XXX= XXX= XXX= XXX= XXX= XXX= X	TIONAL
AMENDMENT B	Independent	CL REM A AMEI	AIMS IAINING FTER NOMENT ON OF MI	Minus	PENI	HIGHEST NUMBER REVIOUSLY PAID FOR 20 OENT CLAIM	PRESENT EXTRA		X\$ 9= X39= +130=	TIONAL	OR OR	X\$18= 26= 190 +260=	TIONAL
0	Independent	CL REM A AMEI • • • • • • • • • • • • • • • • • • •	AIMS IAINING FTER VOMENT ON OF MI LAIMS IAINING FTER	Minus	PENI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		X\$ 9= X39= +130=	TIONAL	OR OR	X\$18= XX\$18= XXX= XXX= XXX= XXX= XXX= XXX= XXX= X	TIONAL
0	Independent FIRST PRESE	CL REM A AMEI • • • • • • • • • • • • • • • • • • •	AIMS IAINING FTER VDMENT ON OF MI LIMB IAIMS IAINING	Minus	PENI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =- =- (Column 3) PRESENT		X\$ 9= X39= +130= TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR	X\$18=	TIONAL FEE
0	Independent FIRST PRESE Total Independent	CCO REM AMEI • (COI CCI REM A AMEI	AIMS IAINING FTER VOMENT ON OF MI AIMS IAINING FTER VOMENT	Minus JLTIPLE DEI Minus Minus	PENI	HIGHEST NUMBER REVIOUSLY PAID FOR OENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =: (Column 3) PRESENT EXTRA = =		X\$ 9= X39= +130= TOTAL ADDIT. FEE	ADDI- TIONAL	OR OR OR	X\$18= 390 TOTAL ADDIT. FEE	TIONAL FEE
	Independent FIRST PRESE	CCO REM AMEI • (COI CCI REM A AMEI	AIMS IAINING FTER VOMENT ON OF MI AIMS IAINING FTER VOMENT	Minus JLTIPLE DEI Minus Minus	PENI	HIGHEST NUMBER REVIOUSLY PAID FOR OENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =: (Column 3) PRESENT EXTRA = =		X\$ 9= X39= +130= TOTAL ADDIT. FEE RATE X\$ 9= X39=	ADDI- TIONAL	OR OR OR	X\$18= X\$18= TOTAL ADDIT. FEE RATE X\$18= X78=	TIONAL FEE
. AMENDMENT C	Independent FIRST PRESE Total Independent FIRST PRESE	(Col REM AMEI MTATIO	AIMS IAINING FTER VDMENT ON OF MI AIMS IAINING FTER VDMENT ON OF MI	Minus Minus Minus MITPLE DE	PENI ((HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA = =		X\$ 9= X39= +130= TOTAL ADDIT. FEE RATE X\$ 9= X39= +130= TOTAL	ADDI- TIONAL	OR OR OR OR	X\$18= 390 +268= TOTAL ADDIT. FEE RATE X\$18= X78= +260=	ADDI- TIONAL FEE
AMENDMENT C	Independent FIRST PRESE Total Independent	(Col REM AMEI • (Col REM A AMEI • • • • • • • • • • • • • • • • • • •	AIMS IAINING FTER VDMENT ON OF MI AIMS IAINING FTER VDMENT ON OF MI Iess than the	Minus Minus Minus Minus ULTIPLE DE	PENI PENI PENI PENI PENI PENI PENI PENI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM	PRESENT EXTRA = (Column 3) PRESENT EXTRA = = an 20, enter "20" an 3 enter "3."		X\$ 9= X39= +130= TOTAL ADDIT. FEE RATE X\$ 9= X39= +130= TOTAL ADDIT. FEE	ADDI- TIONAL FEE	OR OR OR OR	X\$18= 390 TOTAL ADDIT. FEE X\$18= X78= +260= TOTAL ADDIT. FEE	ADDI- TIONAL FEE